SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the
South Eastern Health & Social Care Trust Board
held on Wednesday 25 February 2026 at 2.30pm
in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chairman of Trust Board (**JP**)

Ms R Coulter, Chief Executive (E) (**RC**)

Mrs V Cleland, Interim Director of Primary Care & Older People's Services (**VC**)
Mr K Donaghy, Non-Executive Director (**KD**)
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison (**RG**)
Mr R Havlin, Non-Executive Director (**RH**)
Mrs S Henderson, Non-Executive Director (**SH**)
Professor S Kirk, Medical Director (E) (**SK**)
Mrs H Moore, Director of Planning, Performance & Informatics (**HM**)
Ms S McCauley, Non-Executive Director (**SMcC**)
Mr N McKinley, Non-Executive Director (**NMcK**)
Mr K McMahon, Non-Executive Director (**KMcM**)
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer (**MN**)
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics (**MP**)
Mrs L Preece, Director of Children's Services & Executive Director of Social Work (E) (**LP**)
Mrs A Quirk, Non-Executive Director (**AQ**)
Professor D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E) (**DR**)
Mrs C Smyth, Director of People & Organisational Development (**CS**)
Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates (E) (**WT**)
'E' denotes Executive Director

IN ATTENDANCE: Mrs M McNally, Assistant Director, Risk Management & Governance/Board Secretary (MMcN)
Ms J Loughrey, Head of Communications (JL)
Ms C Armstrong, Clinical Pathway Lead, UHD ED (**CA**) (presentation only)
Ms S Hamilton, Head of Maternity Services (**SHa**) (Item 7.4 only)
Mrs C Collins, Chair, RQIA (observer)
Ms L O'Hare, Assistant Director, BSO (observer)
MS Teams AI function (minutes)

OPENING REMARKS

JP welcomed everyone in attendance including Mrs Christine Collins, Chair of RQIA and Mrs Linda O'Hare (BSO) who were observing proceedings before covering a number of house-keeping matters. **JP** added that - from this Board meeting forward - the minute would be prepared using MS Teams transcription so Members may notice a slight difference in formatting as the new system beds in.

PRESENTATION: CARE NAVIGATOR INITIATIVE IN EMERGENCY MEDICINE

CA described how the Care Navigator service supports individuals frequently attending the Emergency Department (ED) with complex needs not solely medical in nature. The service, funded

through Charitable Funds, began in September 2022 and has seen a significant reduction in ED attendances among high-intensity users with referrals up from 4 in the first month to 47 last month.

Multi-Agency Collaboration: The service operates in conjunction with youth workers, the Frequent Attender Forum and the Multi-Agency Support Hub (MASH) involving agencies such as NIAS, police, social work, substance misuse and Mental Health teams. **CA** explained how these collaborations facilitate information sharing, case management and coordinated actions to address underlying causes of frequent ED attendance.

Trauma-Informed and Person-Centred Approach: CA emphasised the importance of understanding each individual and addressing basic needs such as housing and safety before tackling issues like addiction or mental health. **CA** stated the team adopts a trauma-informed approach, focusing on what the person identifies as their primary concern and provides support across a wide range of life complexities.

Education and Staff Support: CA delivers education at nurse and doctor inductions, organises information stands with community agencies and uses social media to share learning. This has increased staff confidence in managing complex, non-clinical presentations and reduced barriers to accessing services. The service has reduced non-clinical ED attendances and staff anxiety with positive feedback from consultants.

SMcC and **NMcK** both asked about challenges in the role and support needed for staff with **CA** highlighting the need for 24/7 service coverage and a larger team. Members expressed strong support for the initiative and discussed alignment with broader HSCNI priorities

1.0 APOLOGIES

None received.

2.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

None declared.

3.0 CHAIRMAN'S BUSINESS

Noted (**SET/28/26**).

4.0 CHIEF EXECUTIVE'S BUSINESS

RC paid tribute to Ms Claudia Jaczyk, a QUB student on placement with the Health Visiting team based in Ballynahinch, who sadly passed away following a road traffic collision in Templepatrick on Saturday 14 February 2026. On behalf of SET, **RC** recorded sincere condolences to Claudia's family, friends and staff who had worked alongside her.

5.0 MINUTE OF PREVIOUS MEETING HELD ON 28 JANUARY 2026

Approved without further amendment.

6.0 MATTERS ARISING

Noted (**SET/29/26)**.

7.0 ITEMS FOR DISCUSSION

7.1 INTEGRATED PERFORMANCE MONITORING REPORT

HM presented the tabled Report (**SET/30/26**) addressing hospital performance, cancer targets, ED pressures, outpatient waiting times as well as AHP services before outlining causes and mitigation strategies. **DR** presented the NME Assurance Report Q3 (**SET/31/26**).

Hospital Performance and Cancer Targets: HM reported on system oversight measures highlighting improvements in elective care as well as cancer targets. **HM** added that, while the 14-day breast target showed regional collaboration and additional clinics, the 62-day target remained challenging due to diagnostic and pathology delays with some improvement in dermatology wait times.

Emergency Department and Flow Challenges: Members discussed increased ED attendances particularly Category 3 patients and the impact on 4-hour as well as 12-hour breaches. **MN** explained delays were primarily due to patients awaiting hospital admission with Hospital at Home and community discharge services at capacity.

Outpatient and AHP Waits: HM highlighted a 61% reduction in outpatients waiting over four years noting for AHPs, particularly physiotherapy, weekend sessions and a new service model implemented to address long waits.

Diagnostic and System Oversight Issues: KMcM queried physiological diagnostic waiting times with **MN** stating capacity issues had stabilised. **HM** advised of ongoing SPPG discussions with the issue not currently on the formal 'watching brief' for escalation. Members also discussed sustainable funding and service delivery models for diagnostics.

7.2 FINANCIAL REPORT: MONTH 10 2025/26

WT presented the tabled Report (**SET/32/26)** outlining the year-end deficit forecast, Treasury Reserve Claim, capital allocations and 2026/27 planning. **RH** and **NMcK** sought clarity on savings, staff value as well as financial challenges.

Current Position: WT reported a forecast year-end deficit of £33.7m with a potential positive impact from a Treasury Reserve Claim and recent allocation to DoH. Expenditure had stabilised with an expected spike in Month 11 due to backdated pay awards included in the forecast.

Savings and Budget Planning: SET achieved significant recurrent savings, with a projected full-year effect of £32–34 million, more than double the previous year's figure. Planning for 2026-27 is underway with a challenging draft budget and an estimated funding gap of circa £1 billion for health. SET is focusing on low and medium impact savings but anticipates the possible need for higher-impact measures subject to consultation.

Capital Expenditure: A late ICT capital allocation of £3.4 million was received with business cases approved and orders placed with SET confident suppliers will deliver before year-end and capital spending being closely monitored.

Staff Value and Wellbeing: **NMcK** raised the issue of recognising staff efforts amid financial pressures. **RC** emphasised patient safety, the importance of visible leadership, open communication as well as supporting staff through challenging circumstances with ongoing engagement and recognition initiatives.

7.3 BODY WORN CAMERAS

DR presented the tabled paper **(SET/33/26) to** introduce a plan to implement body worn cameras in UHD ED detailing the approach to consultation, equality screening, staff and public engagement.

Implementation Plan and Rationale: A Task and Finish Group had been established to introduce body worn cameras in UHD ED with an initial testing period commencing in March 2026. The initiative follows positive feedback from other Trusts and aims to address violence and aggression towards staff.

Consultation and Equality Screening: SET completed equality screening, identifying minor adverse impacts related to elderly and child attenders. Unlike some Trusts, a full public consultation is not planned given consultation has already occurred elsewhere regionally. Ongoing pre-engagement with staff, unions and the public will inform implementation with a commitment to escalate to full consultation if major impacts are identified.

Risk Management and Stakeholder Engagement: **SMcC** questioned the risk of not conducting a public consultation and the nature of minor adverse impacts. **CS** clarified ongoing screening and stakeholder engagement will continue with the approach aligning with regional collaboration to avoid duplicative pilots.

7.4 MATERNITY SERVICES UPDATE

MP introduced **SHa** who presented the update (**SET/49/26)** covering service activity, governance improvements, workforce changes, quality improvement projects and mechanisms for incorporating service user feedback. **AQ** and **NMcK** raised a number of queries.

Service Activity and Priorities: **SHa** reported a stable birth rate, high emergency obstetric unit activity and a focus on reducing caesarean section rates. The service supports home births and continuity of care models with positive outcomes and no adverse events in 2025.

Governance: A governance review led to new structures, including live governance meetings, daily senior huddles and the ARIS group for incident review which had improved learning dissemination and staff engagement.

Workforce and Recruitment: The service recruited new obstetricians, midwives, healthcare assistants, and housekeepers, and implemented professional development for deputy sister posts. Recruitment against maternity leave and the addition of bank midwives have strengthened the team.

Quality Improvement and Feedback: Projects addressed postnatal care, self-administration of insulin and hypertension in pregnancy. Bi-monthly learning

meetings and increased use of Care Opinion had enhanced feedback mechanisms with over 100 stories shared and proactive responses to issues.

Service User Voice and Future Plans: A debrief clinic for women and continuity of care models had improved feedback with plans to include a regional place of birth project, a maternity dashboard and workforce development focused on cultural diversity and social complexity.

7.5 PLANNING FOR NEIGHBOURHOOD MODEL IMPLEMENTATION

VC presented the tabled paper (**SET/34/26**) outlining aims, current stage, anticipated resource and operational challenges with **KD, KMcM** and **SH** raising questions about funding, GP involvement and performance management.

Model Overview and Objectives: The model aims to shift care to community settings, improve outcomes as well as patient and carer experience, reduce acute pressures and build stronger communities by working with neighbourhood teams, GP Federations, MDTs and Integrated Partnership Boards.

Resource and Funding Considerations: Members queried the funding model with **VC** explaining a 2% transfer from acute to primary care was expected adding the model is in the implementation stage with details on funding and operationalisation to follow.

GP and Stakeholder Engagement: GPs are involved through Programme Boards and engagement sessions with MDTs supporting primary care with the model based on collaboration with shared responsibility across HSC and the voluntary sector.

Performance Management and Service Integration: Questions were raised about the impact on waiting lists and performance management particularly regarding the potential for 17 separate waiting lists. **VC** stated details were not yet finalised but the expectation was services will be directed appropriately within MDTs with ongoing evaluation.

Service User Voice and Rollout: The Programme Board includes service user and carer representatives with ongoing efforts to ensure their voices are heard. The rollout is intended to be phased with 17 integrated teams in place by the end of 2026-27 building on existing community services.

7.6 NEW DERMATOLOGY RED FLAG NURSE-LED SERVICE

MN presented the tabled paper (**SET/35/26**) detailing recruitment, regional collaboration and governance with **KMcM** raising questions about funding, MDTs and nurse consultant training.

Service Development and Governance: The service will repatriate activity from the independent sector, offering efficiency and staff career development. Recruitment for a nurse consultant is complete and governance arrangements, including MDT participation and training, in place.

8.0 COMMITTEE BUSINESS

8.1 MINUTES: CHARITABLE FUNDS COMMITTEE - 24 SEPTEMBER 2025

Noted **(SET/36/26)** with **SMcC** confirming no items for escalations.

8.2 MINUTES: FINANCE & PERFORMANCE COMMITTEE - 24 NOVEMBER 2025

Noted **(SET/37/26)** with **RH** confirming no items for escalations.

8.3 MINUTES: AUDIT COMMITTEE – 4 DECEMBER 2025

Noted **(SET/38/26)** with **SH** confirming no items for escalations.

9.0 ITEMS FOR NOTING

9.1 NIPEC CANCER NURSING CLINICAL CAREER PATHWAY

Noted (**SET/39/26**).

9.2 HSC AI FRAMEWORK

Noted (**SET/40/25**).

9.3 CASS ASSESSMENT REPORT FOR GENDER IDENTITY SERVICES

Noted (**SET/41/26**).

9.4 ADHD NEEDS ASSESSMENT REPORT

Noted (**SET/42/26**).

9.5 SOCIAL CARE FAIR WORK FORUM: EVIDENCE-BASED REPORT TO SUPPORT IMPLEMENTATION OF THE REAL LIVING WIFE (RLW)

Noted (**SET/43/26**).

9.6 HSC DATA INSTITUTE FRAMEWORK

Noted (**SET/44/26**).

9.7 MAKING LIFE BETTER (MLB) NEWSLETTER: ISSUE 12

Noted (**SET/45/26**).

9.8 NICCY: A SYSTEM AT A CROSSROADS: AN ASSESSMENT OF THE STRATEGIC DESIGN AND DELIVERY OF CHILDREN'S MENTAL HEALTH SERVICES

Noted (**SET/46/26**).

9.9 NIAO: LEADING AND RESOURCING THE NI CIVIL SERVICE (NICS)

Noted (**SET/47/26**).

9.10 COPNI: VOICES OF CONCERN: THE REALITY OF HEALTH & SOCIAL CARE FOR OLDER PEOPLE IN NORTHERN IRELAND

Noted (**SET48/26**).

10.0 ANY OTHER BUSINESS

None.

11.0 DATE AND VENUE OF NEXT MEETING

JP advised the next Public meeting would be held on Wednesday 25 March 2026 at 2.30pm in the Great Hall, Downshire Estate, Ardglass Road, Downpatrick before closing the meeting at 4.14pm.